

NAME CHANGE For A Minor Child Only

1

To Make a Request for a Change of Name

Part 1: Completing and Filing the Court Papers



Self Service Center

REQUEST A CHANGE OF NAME FOR A MINOR CHILD ONLY

How to assemble these documents

This packet contains court forms and instructions to file an application to change the name of a minor child only. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	CVNCM1t	Table of forms/instructions in this packet	1
2	CVNCM1k	Checklist	1
3	CVNCM10p	<i>“Procedures: How to File a Change of Name With This Court”</i>	2
4	CV10f	<i>“Civil Cover Sheet”</i>	2
5	CVNCM11f	<i>“Application for Change of Name for a Minor Child”</i>	2
6	CVNC18f	<i>“Notice of Hearing Regarding Application for Change of Name”</i>	1
7	CVNC17f	<i>“Consent of Parent to Name Change of a Minor Child and Waiver of Notice”</i>	1
8	CVNC13f	<i>“Consent of Minor to Name Change”</i>	1
9	CVNC24f	<i>“Affidavit of Service by Certified Mail”</i>	1
10	CVNCM81f	<i>“Order Changing Name of a Minor Child”</i>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Self-Service Center

**APPLICATION FOR CHANGE OF NAME
OF A MINOR CHILD**

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to ask the Court to change the name of a minor child under 18 years of age, AND
- ✓ You are that child's parent or guardian,

For information about name changes that can be obtained without going to court, or to add a name to, or change a name on, a birth certificate, please call the Arizona Department of Health Services, Bureau of Vital Records, at 602-364-1237.

READ ME: It is very important for you to know that when you sign any court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

SELF-SERVICE CENTER
PROCEDURES: HOW TO FILE FOR A CHANGE OF NAME WITH THIS COURT
FOR A MINOR CHILD

STEP 1: Fill out the ***"Application for Change of Name for a Minor Child"***

STEP 2: Make **2** copies of the ***"Application for Change of Name for a Minor Child"***

STEP 3: **FILE THE PAPERS AT THE COURT:**

WHO: **Who must file the Application for Name Change of a Minor Child?**

The Parent or Guardian of that child, or the attorney of the parent or guardian, must file the papers.

GO TO: **GO TO THE CLERK OF COURT TO FILE YOUR PAPERS:** The Court is open from 8am-5pm, Monday-Friday. **You should go to the Court at least two hours before it closes.** You may file your court papers at the following Superior Court locations:

Central Court Building
201 West Jefferson, 1st floor
Phoenix, Arizona 85003

Southeast Court Complex
222 East Javelina Drive, 1st floor
Mesa, Arizona 85210

Northwest Court Complex
14264 West Tierra Buena Lane
Surprise, Arizona 85374

FEES: The filing fee for this name change procedure is \$190.00. If you are entitled to a fee deferral (postponement or payment plan), you may request a deferral of the filing fees at the time you file your papers with the Clerk of the Court. The deferral forms are located at the Self-Service Center and the Filing Counters listed above.

PAPERS: Give your original application and both copies to the Clerk along with the \$190.00 filing fee. Only cash, money order, or personal in-state check made payable to the Clerk of Superior Court, are acceptable. **Make sure the filing clerk stamps both of your copies and returns them to you.**

STEP 4: **SCHEDULE YOUR HEARING WITH COURT ADMINISTRATION:**

GO TO: After filing your application, bring that paperwork and the ***"Notice of Hearing Regarding Application for Change of Name"*** to Court Administration to get your hearing date. Facilities listed below are open Monday through Friday, 8am - 5pm, except for Court holidays.

Court Administration
201 West Jefferson, 1st floor
Phoenix, Arizona 85003

Court Administration
222 East Javelina Drive, 1st floor
Mesa, Arizona 85210

Court Administration
14264 West Tierra Buena Lane
Surprise, Arizona 85374

Court Administration will complete the ***"Notice of Hearing Regarding Application for Change of Name"*** to show the date, time, and place of your hearing. You must complete all other information on that form.

STEP 5: **NOTIFY ANY INTERESTED PARTY**

WHO: You must notify the other parent of the minor child (or both parents if you are the child's guardian) about your request for name change and the scheduled hearing. If the minor child is 14 years or older, he/she must sign a notarized consent to the name change request, or attend the hearing.

HOW TO NOTIFY: If you know where the person(s) lives, you can do one of the following:

1. IF THE PARENT AGREES WITH YOUR REQUEST - Give him/her a stamped copy of your application and the ***"Notice of Hearing Regarding Application for Change of Name"*** that shows the date, time, and place of your hearing. Then, have the parent complete the form entitled, ***"Consent of Parent to Name Change of a Minor Child and Waiver of Notice"*** and have it notarized. That document serves as your proof of notice. Bring the signed and notarized ***"Consent of Parent to Name Change of a Minor Child and Waiver of Notice"*** to the hearing.

2. IF THE PARENT DOES NOT AGREE WITH YOUR REQUEST - Give him/her a stamped copy of your application and the ***"Notice of Hearing Regarding Application for Change of Name"*** that shows the date, time, and place of your hearing. Then, have the person sign an ***"Acceptance of Service"*** (That form is available through the Self-Service Center). That notarized form serves as the proof of notice. Bring the signed and notarized ***"Acceptance of Service"*** to the hearing; **OR**,
3. Send a clerk-stamped copy of your application and the ***"Notice of Hearing Regarding Application for Change of Name"*** showing the date, time, and place of hearing by certified mail/restricted delivery (return receipt requested). This must be done at least 30 days before the hearing. Proof of Notice for this step is the card returned to you from the Post Office showing delivery. Bring the card and a completed ***"Affidavit of Service by Certified Mail"*** to the hearing. The person who should receive notice of the hearing must sign the return receipt.

If you do NOT know where the person(s) lives:

A Notice of Hearing must be published once in a newspaper of general circulation in Maricopa County at least 14 days before the hearing. This is called Notice by Publication.

If notice is by publication, you must complete a notarized statement explaining in detail what efforts you made to locate the person(s). Bring that statement with you to the hearing. The Court will not accept notification by publication unless diligent efforts have been made to locate the person for whom notification is required. For more information regarding service by publication, please see the Self-Service Center packet on Service of Court Papers When You Cannot Find the Other Party.

STEP 6: ATTEND THE HEARING

WHO:

The adult who is requesting the name change for the minor child **MUST** be present at the hearing. In addition, if the request is for a minor child who is 14 years or older, that child must either be present at the hearing or you may provide a notarized statement from the child consenting to the name change.

BRING:

These documents are required for your hearing:

- 2 copies of ***"Order Changing Name for a Minor Child"*** (To receive a certified copy of your Order, bring \$18.00 in cash, money order, or personal in-state check to the hearing. If you wish to pay this amount by personal in-state check, please make the check payable to "Clerk of Superior Court.")
- Photo identification for the person requesting the change of name
- A Clerk stamped copy of all filed documents
- Proof of Notice as described above in Step 5.
- Notarized consent from the other parent or proof that the other parent was served with notice of the Application and the hearing date, time, and place.
- Prior Name Change orders (If applicable)
- Proof of naturalization or resident alien status (If applicable)
- Certified copy of the child(ren)'s birth certificate
- Order terminating parental rights of the other parent (If applicable)
- Adoption decree (If applicable)
- Proof of Guardianship (If applicable)
- If the person requesting the change of name, or the child, is not a United States citizen, a passport or proof of immigration status must also be provided at time of hearing.

Always make sure that you make a copy of any documents you submit to the Court, and keep those copies for your records.

In The Superior Court of the State Of Arizona
In and For the County Of Maricopa

CIVIL COVER SHEET

CASE NUMBER

PLAINTIFF'S NAME

PLAINTIFF'S ADDRESS

(List additional Plaintiffs on reverse side)

PLAINTIFF'S ATTORNEY

(Name and State Bar Number)

DEFENDANT'S NAME

(List additional Defendants on reverse side)

AMOUNT IN CONTROVERSY (If alleged)

Compensatory \$ _____

Punitive \$ _____

Attorney Fees \$ _____

EMERGENCY ORDER SOUGHT:

____ TRO

____ Provisional Remedy

____ OSC

____ Other _____
Specify

REASON FEES NOT PAID:

☐ Government Charge

☐ Deferred

LOCATION:

☐ Southeast Court Complex (Mesa)

☐ Downtown Phoenix

☐ Northwest Court Complex (Surprise)

NATURE OF ACTION

Place an "X" next to the number which describes the nature of the case. Please check **ONE** nature of action, and **ONE ONLY**.

100 TORT MOTOR VEHICLE

____ 101 Non Death Injury

____ 102 Property Damage

____ 103 Death

120 MEDICAL MALPRACTICE

____ 121 Physician - M.D.

____ 122 Physician - D.O.

____ 123 Hospital

____ 124 Other _____
(Specify)

NATURE OF ACTION - Continued

110 TORT NON-MOTOR VEHICLE

- ☐ 111 Negligence
☐ 112 Products Liability
☐ 113 Intentional
☐ 114 Property Damage
☐ 115 Legal
☐ 116 Other _____
Specify

130 CONTRACTS

- ☐ 131 Account (Open or Stated)
☐ 132 Promissory Note
☐ 133 Foreclosure
☐ 134 Other (Specify) _____

140 APPEAL or REVIEW – Use Clerk of Court’s LC Appeals Coversheet

150 - 170 OTHER CIVIL

- ☐ 150 Tax
☐ 151 Forcible Detainer
☐ 152 Change of Name
☐ 153 Transcript of Judgment
☐ 154 Foreign Judgment
☐ 155 Declaratory Judgment
☐ 156 Eminent Domain
☐ 157 Habeas Corpus
☐ 158 Quiet Title
☐ 159 Restoration of Civil Rights
☐ 160 Seized Vehicle
☐ 161 DES Instant Judgment
☐ 162 Harassment
☐ 163 Other _____
Specify
☐ 165 Tribal Judgment
☐ 167 Structured Settlement (A.R.S. 12-2901)

NON-CLASSIFIED CIVIL

- ☐ 164 Sexually Violent Person

To the best of my knowledge, all information is true and correct.

ADDITIONAL PLAINTIFF(S): _____
Signature of Attorney or Plaintiff

ADDITIONAL DEFENDANT(S): _____

NOTICE

PLEASE DO NOT INCLUDE THIS FORM WITH CASES WHICH HAVE ALREADY BEEN FILED. This form can only be processed at the time of filing New Complaints and Petitions.

Thank you for assisting us with our efforts to improve service.

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Case Number: _____

In the Matter of:

**APPLICATION FOR CHANGE OF
NAME FOR A MINOR CHILD**

A Minor

STATEMENTS TO THE COURT, UNDER OATH

1. INFORMATION ABOUT ME, THE APPLICANT

Name: _____
Address: _____
Date of Birth: _____
County of Residence: _____
Place of Birth: _____

**2. INFORMATION ABOUT THE MINOR CHILD FOR WHOM THIS NAME CHANGE IS
REQUESTED**

Name: _____
Address: _____
Date of Birth: _____
County of Residence: _____
Relationship to Applicant: _____
Requested Name: _____
Place of Birth: _____

3. REASON FOR THIS REQUEST FOR CHANGE OF NAME

I request that the name be changed as listed above for the following reason:

ADDITIONAL STATEMENTS

A. This application is made solely for the best interest of the minor child named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

OATH AND VERIFICATION OF APPLICANT:

STATE OF ARIZONA)
County of Maricopa) ss.

I, the Applicant, being duly sworn and under oath, state that I have read this Application. All the statements in the Application are true, correct, and complete to the best of my knowledge and belief.

SIGNED: _____
Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, _____, by

Applicant's Name

NOTARY PUBLIC: _____

My Commission Expires:

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of:

Case Number: _____

**NOTICE OF HEARING REGARDING
APPLICATION FOR CHANGE OF NAME**

Name(s) of person(s) who request(s) name change

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

- 1. NOTICE IS GIVEN** that the Applicant has filed with the Court an Application for Change of Name. At the hearing, the Court will consider whether to grant or deny the requested name change. If you wish to be heard on this issue, you must appear at the scheduled hearing.
- 2. COURT HEARING.** A court hearing has been scheduled to consider the Application as follows:

DATE: _____ **TIME:** _____

BEFORE: ☐ Commissioner R. Jeffrey Woodburn
 Old Courthouse
 125 W. Washington, Second Floor
 Courtroom 209
 Phoenix, AZ 85003

☐ Commissioner Toby M. Gerst
 201 W. Jefferson
 9th floor hearing room
 Phoenix, AZ 85003

DATED: _____
(Month/Day/Year)

Applicant's Signature

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of _____

Case Number: _____

**CONSENT OF FATHER TO
NAME CHANGE OF A MINOR
CHILD AND WAIVER OF NOTICE**

a Minor

REQUIRED INFORMATION FROM PARENT, UNDER OATH:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Place of Birth: _____

I am the natural ☐ MOTHER or ☐ FATHER of the minor child named above.

I am the adoptive ☐ MOTHER or ☐ FATHER of the minor child named above.

2. I have read the Application for Name Change and consent to changing the child's name to:

3. I waive notice of all further proceedings in this matter.

OATH OF THE PARENT

**STATE OF ARIZONA)
MARICOPA COUNTY)ss.**

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

SIGNATURE: _____

SUBSCRIBED AND SWORN to me this date: _____ by _____
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of

Case Number: _____

**CONSENT OF MINOR TO NAME
CHANGE (Only if minor is 14 or older)**

A Minor

REQUIRED INFORMATION FROM MINOR, UNDER OATH:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Place of Birth: _____

☐ I am the minor who is the subject of this name change request.

☐ I am at least 14 years of age.

2. I have read the Application for Name Change and consent to changing my name to:

3. I waive notice of all further proceedings in this matter.

OATH OF THE MINOR

**STATE OF ARIZONA)
MARICOPA COUNTY)ss.**

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

SIGNATURE: _____

SUBSCRIBED AND SWORN to me this date: _____ by _____
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Applicant

Case Number: _____

**AFFIDAVIT OF SERVICE
BY CERTIFIED MAIL**

STATE OF ARIZONA)
County of Maricopa) ss.

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the ***“Application for Change of Name”*** and the ***“Notice of Hearing Regarding Application for Change of Name”*** on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

Signature of Sender

SUBSCRIBED AND SWORN to before me this date: _____, by _____
(Month, Day, Year)

My Commission Expires: _____
Notary Public

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of:

Case Number: _____

**ORDER CHANGING NAME OF
A MINOR CHILD**

A Minor

THE COURT FINDS:

1. This case has come before this Court to Change the Name of the minor child listed above.
2. This Court has jurisdiction to change the name of the minor child.
3. Good cause exists to grant the application for Change of Name.
4. It is in the best interest of the minor child to change his/her name as set forth below.

THE COURT ORDERS:

1. That the name of the minor child listed below is changed from _____,
to _____.
2. This Order does not release the minor child or either parent named above from any obligations incurred or harm any rights of property or action in any original name.
3. Other orders: _____

DONE IN OPEN COURT: _____
Date

Judicial Officer